

## **PROPERTY DAMAGE CLAIM REPORTING FORM**

(COMPLETE THIS FORM IF YOU ARE MAKING A CLAIM FOR DAMAGE TO YOUR PROPERTY)

1. Foster Parent or Respite Care Provider \_\_\_\_\_
2. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone# \_\_\_\_\_
3. Foster Parent License # \_\_\_\_\_ Social Security # \_\_\_\_\_
4. Name of Foster Child or Respite Client \_\_\_\_\_  
Foster Child Date of Birth \_\_\_\_\_ (OR) Age \_\_\_\_\_ Sex \_\_\_\_\_
5. **SPECIFIC** Date and time of incident \_\_\_\_\_
6. List of damaged property (use backside of this form as needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Describe how property listed above was damaged \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Where can damaged property be seen? \_\_\_\_\_
9. Estimated dollar amount of property damage \_\_\_\_\_
10. Has loss been reported to your insurance company? \_\_\_\_\_
11. If yes, name and phone # of person reported to \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Failure to comply with the following provisions may exclude your claim from coverage:

1. Do not destroy, repair or dispose of damaged property until Risk Management Division has given authority to do so.
2. This form must be filled out and mailed **DIRECTLY** to the address shown below promptly and **WITHIN 45 DAYS** of the loss

RISK MANAGEMENT DIVISION  
85 STATE HOUSE STATION  
AUGUSTA, MAINE 04333  
1-800-525-1252 or 287-3351

12/01

**INSURANCE PROGRAM FOR FOSTER PARENTS AND RESPITE CARE PROVIDERS**